

**RYAN WHITE
COMPREHENSIVE AIDS RESOURCES EMERGENCY ACT**

**Guidelines for Reviewing and Responding to
Reported Infectious Disease Exposures**

1. The emergency response employee (ERE) must send or deliver the "Exposure to Infectious Disease Report" form to the designated officer of the unit.
2. When the form is received by the designated officer, it will be immediately dated (with the time noted), and will be reviewed within 48 hours of receipt to see if a significant risk for disease transmission has occurred to the ERE.
3. The review will be conducted by the designated officer of the EMS unit.
4. The designated officer shall confirm that the individual claiming an exposure was present at an incident which led to the claimed exposure by a review of the emergency vehicle run report(s), hospital emergency room report(s), police unit report(s), or other reports which are accessible, either by telephone or in person.
5. The designated officer may contact the claimant for more information on the incident, if additional information appears to be needed to evaluate the significance of the exposure.
6. The designated officer will make a decision based on the composite information available, that an incident did occur, the petitioner was present, and a potential exposure did occur.
 - a. The designated officer will use the guidelines for determining exposure outlined in the Federal Register 59 FR 13418 3/21/94.
 - b. If it is determined that no exposure occurred or if unable to verify the petitioner was present, the designated officer will notify the ERE of the decision and no further action will be taken.
7. If evidence indicates a potential exposure has occurred, the designated officer will send, within 48 hours, to the medical facility to which the patient was transported, or the facility ascertaining the cause of death if different (coroner case), a signed written request, along with the facts collected, for a determination of whether the ERE was exposed to a listed disease.
 - a. If the medical facility requests additional information, the designated officer may request the District Health Department Epidemiologist evaluate the request and the medical facility's response.
 - b. If additional information is needed, it will be collected by the designated officer, and the District Health Department Epidemiologist will resubmit the request to the medical facility.

8. The determination by the medical facility of the ERE's exposure to an infectious disease will be made in writing to the designated officer within 48 hours after receiving the request.
9. After receiving the notification, the designated officer shall, to the extent possible, immediately notify each ERE who responded to the emergency involved, and as indicated by the guidelines, may have been exposed.
 - a. This notification shall inform the ERE(s) they may have been exposed to an infectious disease, the name of that disease, and medically appropriate action, or
 - b. The designated officer shall, to the extent possible, immediately notify the ERE(s) of when there is no finding of exposure or when there is insufficient information to make a determination.
10. If a victim of an emergency dies at or before reaching the medical facility, and the medical facility receives a request (described above), the medical facility shall provide a copy of the request to the facility ascertaining the cause of death, if different. Upon receiving a notification of an infectious disease exposure from the facility ascertaining death, the designated officer shall follow the same procedure as outlined in #9 above.

NOTE: Sec. 300ff-88. Rules of Construction.

- (a) **LIABILITY OF MEDICAL FACILITIES AND DESIGNATED OFFICERS.** – This subpart may not be construed to authorize any cause of action for damages or any civil penalty against any medical facility, or any designated officer, for failure to comply with the duties established in this subpart.
- (b) **TESTING** – This subpart may not, with respect to the victims of emergencies, be construed to authorize or require any medical facility, any designated officer or emergency response employees, or any such employee, to disclose identifying information with respect to a victim of an emergency or with respect to an emergency response employee.
- (c) **CONFIDENTIALITY** – This subpart may not be construed to authorize or require any medical facility, any designated officer or emergency response employees, or any such employee, to disclose identifying information with respect to a victim of an emergency or with respect to an emergency response employee.

COMPARING THE FEDERAL RYAN WHITE ACT AND THE IDAHO SIGNIFICANT EXPOSURE LAW

RYAN WHITE COMPREHENSIVE AIDS RESOURCES EMERGENCY ACT

The Federal legislative mandate of these guidelines is to develop a procedure for notifying Emergency Response Employees (ERE) whether they have been exposed to an infectious disease, including HIV. The guidelines list the following infectious diseases, which include airborne, bloodborne, and uncommon or rare diseases:

- Infectious pulmonary tuberculosis;
- Hepatitis B;
- HIV, including AIDS;
- Diphtheria;
- Meningococcal disease;
- Plague;
- Hemorrhagic fevers;
- Rabies.

The source of information for such determinations is based upon data collected by the medical facility during treatment, of facility ascertaining cause of death, if different, of patients who have been treated and or transported by EREs. However, it does not authorize or require the medical facility to test a victim for any infectious disease.

In practice, if an ERE has been exposed to an airborne disease, such as tuberculosis, the medical facility to which the infected patient was brought must notify the ERE's designated officer (appointed by the State Health Officer) of a potential exposure.

On the other hand, if the ERE has been exposed to blood, he or she can report to the designated officer charged with asking the hospital where the patient was transported, if the patient has any of the diseases on the list. If so, the designated officer informs the ERE whether he or she has been exposed.

The national guidelines were developed because as many as one out of fifteen EREs is exposed to communicable diseases annually. In cases where EREs have been exposed to blood, they often have had difficulty in finding out whether they were exposed to blood borne pathogens.

IDAHO SIGNIFICANT EXPOSURE LAW

This law, passed by the Idaho Legislature in 1990, applies only to HIV and hepatitis B exposures. It provides for the Department of Health and Welfare to accept and assess reports of “significant exposures” to patient’s blood or body fluids by persons involved in providing emergency or medical services. Upon receipt of the report, the Bureau of Communicable Disease Prevention determines whether the exposure to blood or body fluids is “significant.”

The Idaho Reportable Disease Regulations, Title 2, Chapter 10, section 02.10003,31, define significant exposure as follows:

Significant exposure occurs when a person is exposed to blood or any blood contaminated body fluid, semen, vaginal secretions, cerebrospinal fluid, or other fluids requiring universal precautions from an individual through needle puncture wound, scalpel cut, or skin perforation; through any mucous membrane surface such as the eye, nose, or mouth; or through an existing open cut, scratch, hangnail, or other broken skin barrier.

If, in the Department’s judgment, a “significant” exposure has occurred, the Department notifies the local health department within which the ERE resides/works, that the ERE may have been exposed to HIV or hepatitis B virus, or not as the case may be, based on the cases reported to the Department’s current HIV or hepatitis B registry. Designated staff of the district health department contacts the ERE and informs them whether they have had an exposure or whether no information is available, and counsel them appropriately.

Under this law, the ERE must send or deliver the report from (“Significant Exposure Information Request”) to the Bureau of Communicable Disease Prevention, within 14 days of the incident. Reports received after this time limit are disapproved.

SUMMARY

The review procedures for these two laws function independently of one another. Therefore, if the maximum information available is to be obtained, it will be necessary for EREs to access both processes. Note: All requests for access to data in response to the Idaho Significant Exposure Law must be accompanied by forms signed by the ERE involved. Information related to the HIV/HBV registries would not be given to the designated officer, but will be released to the ERE petitioner only!